

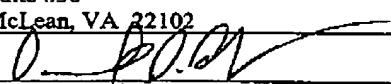
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FEB 21 2006

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/803,085
		Filing Date	03-18-2004
		First Named Inventor	Checrallah KACHOUH
		Group Art Unit	3676
		Examiner Name	Carlos Lugo
Total Number of Pages in This Submission	17	Attorney Docket Number	740116-511

ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input checked="" type="checkbox"/> Drawing(s) - Figs. 6-7 <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): _____		
			Remarks	
			<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	David S. Safran, Reg. No. 27,997 Roberts Mlotkowski & Hobbes P.C. 8270 Greensboro Drive Suite 850 McLean, VA 22102	
Signature		
Date	February 21, 2006	

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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February 21, 2006
Date



Signature
Kathleen M. McManus
Typed or printed name

FEB 26 2006

**FEE TRANSMITTAL
FOR FY 2005**

Patent fees are subject to annual revision.

 Applicant claims small entity status. Sec 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$120.00)

Complete if Known	
Application Number	10/803,083
Filing Date	03-18-2004
First Named Inventor	Checraallah KACHOUH
Examiner Name	Carlos Lugo
Art Unit	3676
Attorney Docket No.	740116-511

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number 50-2478(740116-511)

Deposit Account Name Roberts Mlotkowski & Hobbes P.C.

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	300	2001	150	Utility filing fee	
1002	200	2002	100	Design filing fee	
1003	200	2003	100	Plant filing fee	
1004	300	2004	150	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	

SUBTOTAL (1) (\$ 0)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims	Fee from below	Fee Paid
Total Claims	26	-32** =		0
Independent Claims	2	-3** =		0
Multiple Dependent		X		0

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	300	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	** Reissue independent claims over original patent
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	Extension for reply within first month	120.00
1252	450	Extension for reply within second month	
1253	1,020	Extension for reply within third month	
1254	1,590	Extension for reply within fourth month	
1255	2,160	Extension for reply within fifth month	
1401	500	Notice of Appeal	
1402	500	Filing a brief in support of an appeal	
1403	1,000	Request for oral hearing	
1451	1,510	Petition to institute a public use proceeding	
1452	500	Petition to revive - unavoidable	
1453	1,500	Petition to revive - unintentional	
1501	1,400	Utility issue fee (or reissue)	
1502	800	Design issue fee	
1503	1,100	Plant issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	Submission of Information Disclosure Stmt	
3021	40	Recording each patent assignment per property (name, number of properties)	
1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	Request for Continued Examination (RCE)	
1802	910	Request for expedited examination of a design application	
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$120.00)**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

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February 21, 2006

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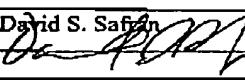
Signature

Kathleen M. McManus

Typed or printed name

SUBMITTED BY

Complete if applicable

Name (Print/Type)	David S. Safian	Registration No. (Attorney/Agent)	27,997	Telephone	703-584-3273
Signature				Date	February 21, 2006

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